

tions, issue is taken with the advice to the surgeon to stand or sit at the patient's side while operating, as it is believed that the knife is under much better control when being drawn toward the operator, than when being pushed from him. The reviewer regards the cystotome in the hands of the majority of operators as a much safer instrument with which to rupture the lens capsule than the capsule forceps, which in the hands of all but the most expert may easily cause dislocation of the lens by pressure. At the present time there seems to be a tendency to the practice of performing a preliminary iridectomy in cataract extraction.

The various steps in the operation of iridectomy for glaucoma are very satisfactorily explained. The reasons for using either one of the two kinds of knives, Graefe cataract knife, or lance, are set forth. The reviewer believes that there is less danger of injury to the lens and to the base of the iris with the use of the Graefe knife; and agrees with the author in believing that the wound made with this knife, because of its slight tardiness in healing, is one more favorable to the end we wish to attain. The author commits himself to neither choice. In acute inflammatory glaucoma a general anæsthetic is to be advised, because of the probability of the pain making the patient intractable.

In general it may be stated, that this volume should receive a most sincere welcome, as it must prove of great value to all, and more especially to those who have not the opportunity of attaining wide practical experience, for it is they who are liable to neglect details that are clearly set forth in this book, and the omission of which often does so much to defeat the purpose desired. There is no hesitancy in recommending this work to the attention of every ophthalmologist, even for those who are more mature in this practice it will prove a classic in ophthalmic literature, and a distinct addition to any library.

JAMES COLE HANCOCK.

**ADENOMYOMA OF THE UTERUS.** By THOMAS S. CULLEN, M.B., Associate Professor of Gynæcology, in Johns Hopkins University. Large octavo of 270 pages and with 68 illustrations by August Horn, Hermann Becker and Max Broedel. Philadelphia and London: W. B. Saunders Company, 1908.

This work is based on the careful study of over ninety cases of this condition. The material was obtained chiefly from the

Gynæcological Department of the Johns Hopkins Hospital and from Dr. Kelly's private sanitarium. The writer found this condition in 5.7 per cent. of 1283 specimens of myoma examined from April 1, 1893, until July 1, 1906.

The early literature of the subject is first discussed and this is followed by a report of several cases, which constitutes the bulk of the book.

In the report of the cases, the clinical history is first given, then a description of the operation, gross appearance of the specimen removed and the result of the microscopical examination of pieces of tissue removed from the specimen. After the report of the cases the writer discusses, in separate chapters, the clinical picture of this condition, differential diagnosis, treatment, prognosis, origin and cause.

He divides adenomyomata into the following groups:

1. Adenomyomata in which the uterus preserves a relatively normal contour.
2. Subperitoneal or intraligamentary adenomyomata.
3. Submucous adenomyomata.

He believes that all adenomyomata of the uterus in which the glandular elements are similar to those of the uterine mucosa, and are surrounded by stroma characteristic of that surrounding the normal uterine glands, owe their glandular origin to the uterine mucosa, or to Müller's duct, no matter whether they be interstitial, subperitoneal or intraligamentary, whether solid or cystic.

Lengthened menstrual periods are the first symptoms. The flow gradually assumes the proportions of hemorrhages and eventually the period may become continuous. The menstrual period is usually associated with dysmenorrhœa. The writer believes that diffuse adenomyoma is the only pathological condition of the uterus which, as a rule, gives the following clinical picture:

1. The bleeding is usually confined to the period.
2. There is usually much pain, referred to the uterus, at the period.
3. There is usually no intermenstrual discharge of any kind.
4. The uterine mucosa is perfectly normal and may be rather thick.

The only way to control the bleeding is to remove the uterus and the prognosis for a cure is excellent.

The book-making is of the best, and many of the sixty-eight illustrations are among the finest in medical literature. To the gynæcologist, pathologist, and all others interested in adenomyomata, this monograph with report of cases should prove interesting.

JOHN A. SAMPSON.

**ANÆSTHETICS: THEIR USES AND ADMINISTRATION.** By DUDLEY WILMOT BUXTON, M.D., B.S., Member of the Royal College of Physicians. Fourth Edition. London, Philadelphia. P. Blakiston's Son & Co. 1907.

The book deals with all the methods of producing anæsthesia including in this new edition the use of ethyl chloride as a general anæsthetic and the production of anæsthesia by spinal injection.

The author first advises the beginner how to approach the study of anæsthesia. The historical data is given in an interesting chapter. Then follows a chapter on the preparation of the patient and the choice of anæsthetic. The relation of anæsthesia to disease, the special requirements in operations about the head, neck, face, trachea, and respiratory tract, the methods of administration in Abdominal Surgery and in Labor are all thoroughly discussed.

The chapters on general anæsthesia are good, but the chapter on Local Analgesia is not sufficiently up to date. Local analgesia is being used more frequently than in former years and this subject deserves fuller consideration.

Many of the American and German inventions have not been mentioned, but if these had been included they might confuse rather than enlighten the student.

The book has been carefully written and is accurate in its teachings.

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